

Copy C—For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.) 39-1908647 OMB No. 1545-0008

a Control number		1 Wages, tips, other comp.	2 Federal income tax withheld
		9568.74	1101.35
01-0001344	3 Social security wages	4 Social security tax withheld	
	9568.74	593.26	
b Employer ID no. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
23-1505736	9568.74	138.75	
c Employer's name, address, and ZIP code TELETRON MARKETING GROUP, INC. 1545 WEST 38TH STREET ERIE, PA 16508			
d Employee's social security number 201-56-6661			
e Employee's name, address, and ZIP code CLAUDETTE DELEON 11983 EXREX ROAD PO BOX 185 EDINBORO PA 16412			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code	See inst. for box 12
		12b Code	
13 Statutory employee	14 Other	12c Code	
		12d Code	
Retirement plan			
Third-party sick pay			
PA 23-1505736	15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
		9568.74	293.74
18 Local wages, tips, etc.	19 Local income tax	20 Locally name	
9568.74	110.04	ERIE	

Form W-2 Wage and Tax Statement **2005** Dept. of the Treasury -- IRS
This information is furnished to the IRS, if you are required to file a tax return, a negligence penalty or other action on your part. This income is taxable and you list it on your return.

Copy Z—To Be Filed With Employee's State, City, or Local Income Tax Return. 39-1908647 OMB No. 1545-0008

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Form W-2 Wage and Tax Statement **2005** Dept. of the Treasury -- IRS
This information is furnished to the IRS, if you are required to file a tax return, a negligence penalty or other action on your part. This income is taxable and you list it on your return.

Employee Reference Copy			
W-2 Wage and Tax Statement		OMB No. 1545-0046	
Copy C for employee's records			
a. Control Number	2905	Void	
1. Wages, tips, other comp.	70.00	2. Federal income tax withheld	43.70
3. Social security wages	70.00	4. Social security tax withheld	4.34
5. Medicare wages and tips	70.00	6. Medicare tax withheld	1.02
b. Employer's ID number	25-6001265		
c. Employer's name, address, and ZIP code ERIE CITY SCHOOL DISTRICT 148 WEST 21st STREET ERIE, PA. 16502			
d. Employer's SSA number	201-56-6669		
* Employer's name, address, and ZIP code DE LEON CLAUDETTE 11983 EUREKA RD EDINBORO PA 16412			
7. Social security tips		8. Allocated tips	
9. Advance EIC payment		10. Dependent care benefits	
11. Nonqualified plans			
12. See instructions for Box 12		14. Other	
13. State	PA	15. State unemployment tax	.06
16. State wages	70.00	17. State tax	2.15
18. Local wages	70.00	20. Local tax	81

2005 W-2 and EARNINGS SUMMARY

This Earnings Summary section is included with your W-2 to help describe portions in a 2005 W-2 and Earnings Summary.

1. The following information was taken from your final 2005 paystub.

Gross Pay	70.00	Social Security Tax Withheld	4.34	PA, State Income Tax	Box 17 of W-2
Fed Income Tax Withheld	Box 2 of W-2	Medicare Tax Withheld	Box 6 of W-2	Local Income Tax	Box 20 of W-2
				SUNSD	Box 14 of W-2

2. Your Gross Pay was adjusted as follows to produce your Reported W-2 Wages.

GROSS PAY	Wages, Tips, other Compensation	Social Security Wages	Medicare Wages	PA, State Wages, Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 15 of W-2
	70.00	70.00	70.00	70.00

REPORTED W-2 WAGES	70.00	70.00	70.00	70.00
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3. Employee W-4 Profile (to change your Profile, file a new W-4 with your payroll department)

Social Security Number
201-5
Marital Status
S
Exemptions
Extra Withholding

53 4370
DE LEON CLAUDETTE
11983 EUREKA RD
EDINBORO PA 16412

FOLD AND DETACH HERE

STATEMENT FOR RECIPIENTS OF PA UNEMPLOYMENT COMPENSATION PAYMENTS			This form shows the total unemployment compensation paid to you by the Department of Labor and Industry in the tax year indicated, and the amount of Federal income tax withheld (if you requested tax withholding). This is important tax information and is being furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For income tax purposes, unemployment compensation benefits are reported in the calendar year in which they are paid, regardless of when the claim for benefits was filed.	
PAYEE: COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY BUREAU OF UC BENEFITS AND ALLOWANCES HARRISBURG, PA 17121-0001 (717)783-3140 <small>OMB NO. 1545-0120 FEDERAL ID NO. 23-6003107</small>				
THIS IS NOT A BILL - DO NOT DESTROY - KEEP WITH YOUR TAX RECORDS				
SOC. SEC. NO. 201-56-6669	TOTAL PAYMENT \$3213.00	TAX WITHHELD \$322.00	TAX YR. 2004	
RECIPIENT'S name, address, zip code CLAUDETTE DELEON 11983 EUREKA RD EDINBORO PA 16412				
<p>NOTE: If you were overpaid benefits, and repaid the amount, it's still included in the "TOTAL PAYMENT". If the repayment was made in the same year as the overpayment, make the necessary adjustment and notation on your tax Form 1040 or 1040A. Your cancelled check or copy of money order may be used as your proof for adjustments claimed.</p>				

CORRECTED COPY

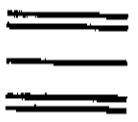


DEPARTMENT OF LABOR AND INDUSTRY
 BUREAU OF UC BENEFITS AND ALLOWANCES
 607 LABOR AND INDUSTRY BLDG
 7TH AND FORSTER STREETS
 HARRISBURG PA 17120-0019

CLAUDETTE DELEON
 11983 EUREKA RD
 EDINBORO PA 16412

FROM:

POST OFFICE
 WILL NOT
 DELIVER MAIL
 WITHOUT
 PROPER
 POSTAGE



UC 10896 NEW 1 OF 1 Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)				2003	OMB No. 1545-0008
a Copy B number 201356669		1 Wages, tips, other gross 19932.69		2 Federal income tax withheld 3229.10	
b Employer ID number 251215891		3 Social security wages 21332.63		4 Social security tax withheld 1322.62	
c Employer's name, address, and ZIP code CRAWFORD CENTRAL SCHOOL DISTRICT 11280 MERCER PIKE MEADVILLE, PA. 16335		5 Medicare wages and tips 21332.63		6 Medicare tax withheld 309.34	
d Employee's social security number 201566669					
e Employer's name, address, and ZIP code CLAUDETTE DELEON 11983 EUREKA RD EDINBORO, PA. 16412					
7 Social security tips .00	8 Allocated tips .00	9 Advance EIC payment .00			
10 Dependent care benefits .00	11 Nonqualified plans .00	12a Code See inst. for box 12		12b Code	
13 Statutory employee Retirement plan X Third-party sick pay	14 Other * 1599.94	12c Code		12d Code	
15 PA 1639 1237	16 State wages, tips, etc. 21332.63	17 State income tax 597.34			
18 Local wages, tips, etc. 21332.63	19 Local income tax 213.31	20 Locality name Meadv			

Form W-2 Wage and Tax Statement 47-1628001 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury — Internal Revenue Service

1040

U.S. Individual Income Tax Return

2003

(99)

IRS Use Only — Do not write or staple in this space

L label
(See instructions.)For the year Jan 1 - Dec 31, 2003, or other tax year beginning
Your first name MI Last name

CLAUDETTE

DELEON-MCCRACKEN

2003, ending

OMB No. 1545-0047
Your social security number

201-56-6669

Use the
IRS label.
Otherwise,
please print
or type.

If a joint return, spouse's first name

MI Last name

EDGAR

GUDINO

Home address (number and street). If you have a P.O. box, see instructions.

11983 EUREKA ROAD

Apartment no.

City, town or post office. If you have a foreign address, see instructions.

State ZIP code

196-80-4709
▲ Important! ▲
You must enter your social security number(s) above.

EDINEORO

PA 16412

Presidential
Election
Campaign
(See instructions.)Note: Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes ☐ No ☒You ☒ Yes ☐ No
Spouse ☒ Yes ☐ No

Filing Status

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child. (See instructions.)

Check only one box.

Exemptions

- 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
- b ☒ Spouse
- c Dependents:

No. of dependents checked on Form 1040

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)	(5) <input type="checkbox"/> If dependent on Form 1040
ANTONIO	GUEVARA	903-72-0764	Father	<input type="checkbox"/>	<input type="checkbox"/>
NAOMI	GUDINO	942-70-5143	Child	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEBASTIAN A	GUDINO	942-70-5268	Child	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EDGAR A	GUDINO	945-74-9939	Child	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If more than five dependents, see instructions.

d Total number of exemptions claimed

Add numbers above

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-Y.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	20,530
8a	Taxable interest. Attach Schedule B if required	8a	104
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instrs)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	1,178
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13a	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13a	
b	If tax on 13a is checked, enter net long-term capital gain distributions	13b	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see instrs)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	14,688
20a	Social security benefits	20a	
b	Taxable amount (see instrs)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	36,500

Adjusted
Gross
Income

23	Educator expenses (see instructions)	23	250
24	IRA deduction (see instructions)	24	
25	Student loan interest deduction (see instructions)	25	33
26	Tuition and fees deduction (see instructions)	26	
27	Moving expenses. Attach Form 3903	27	
28	One-half of self-employment tax. Attach Schedule SE	28	
29	Self-employed health insurance deduction (see instrs)	29	
30	Self-employed SEP, SIMPLE, and qualified plans	30	
31	Penalty on early withdrawal of savings	31	
32a	Alimony paid b Recipient's SSN	32a	
33	Add lines 23 through 32a	33	283
34	Subtract line 33 from line 22. This is your adjusted gross income	34	36,217

TAXES

1. 2005 W2 TELATRON MARKETING
2. 2005 W2 ERIE SCHOOL DISTRICT
3. 2004 UNEMPLOYMENT COMPENSATION
4. 2003 W2 CRAWFORD CENTRAL SCHOOL DISTRICT
5. 2003 1040 TAX RETURN SEE 19 UNEMPLOYMENT COMPENSATION